

Date: June 19, 2008

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Issue

Should the California Victim Compensation Program (VCP) continue to pay for services from Children's Institute Incorporated (CII) provided through Project Emergency Response Intervention Network (ERIN)?

Project ERIN is a collaboration between law enforcement in Los Angeles County and staff members of CII. When a domestic violence (DV) incident occurs, CII staff members accompany law enforcement officials to the victim's home. They identify themselves as CII employees who are volunteering with the Los Angeles Police Department to provide crisis intervention and counseling services to victims of DV.

Background

Provider – Since 1906, CII has been serving at-risk children and families throughout Los Angeles County. Each year more than 10,000 children and families are served by CII's treatment, prevention, early care and education, and community service programs. In October 1994 CII became a first phase member of the VCP's Non-Profit Provider Agreement (NPA) Program established by SB644.

Meeting with CII - On June 5, 2001 staff from the VCP's Mental Health Section (MHS) met with Dr.***REDACTED***, who at the time was CII's Sr. Director of Programs. Dr. ***REDACTED*** was concerned over the VCP's delay in reimbursing expenses associated with Project ERIN. Following Dr. ***REDACTED*** explanation of Project ERIN, a tentative agreement was reached, whereby the VCP would continue reimbursement pending further review.

Conditions For VCP Payment - On June 19, 2001, a letter was sent to CII stating that the VCP had completed a review of the Project ERIN documents. A decision was made to consider VCP payment under the following conditions:

- One Crisis Intervention session, not to exceed two hours of face-to-face contact per claimant;

- One Crisis Intervention follow-up telephone contact session with the adult victim, not to exceed one hour in length;
- Identify crisis intervention and telephone contact sessions, by indicating “Project ERIN” on the billing form, under “Description of Service”;
- Use of 90899 (unlisted psychiatric service or procedure) as the procedure code; and
- Crisis intervention expenses need to be submitted with:
 - A completed VCP Application;
 - Crime or Child Protective Services (CPS) report (if unavailable, the crime or CPS report number and name of the investigating agency must be provided);
 - The Project ERIN Initial Intake Report (hereafter referred to by its current title “Intake Data Tracking Sheet”) with information collected at the time of the response; and
 - Children with serious emotional problems who are not eligible for Medi-Cal.

Also, in order to assist the VCP in verifying the services provided, it was suggested that CII modify the Project ERIN Intake Data Tracking Sheet to add the following information:

- Crime scene time log (time in/out);
- Responding police officer’s name; and
- Responding clinician’s name(s).

CII was informed that the VCP cannot pay for report writing or for the time the clinician is on standby at the police station.

2001 Issue Report – Project ERIN was the subject of an issue report written by former MHS Lead Analyst Frank Mitchum on September 5, 2001. The report was sent to the VCP’s former executive staff and the former management of MHS and the VCP’s Audit Section. In his report, Mr. Mitchum raised the following concerns:

- There may be a lack of claimant liability for the expenses submitted by CII.
 - The claimant is unaware that a loss is being incurred at the time of intervention, or that the expense may be charged against a VCP application. Prior to leaving the home, CII staff explain the VCP, assist the claimant in completing the VCP application and solicit the claimant's signature on an authorization release form.
 - If a VCP application is determined eligible the facility submits a bill to the VCP for the crisis intervention service.
 - If a VCP application is determined to be ineligible (denied) the expenses are not submitted to the VCP and the claimant is not responsible for payment of the expense.
- There may be a possible misuse or co-mingling of state restitution and general funds, and county Children's Trust Fund dollars.

Mr. Mitchum was informed by the Los Angeles Department of Children and Family Services (LADCFS) that CII receives AB 1733/AB 2994 Child Abuse Funding. The target population for this funding includes:

- Families with substance abuse problems
- Infants and preschool age children at risk of abuse
- Children exposed to domestic violence
- Children with serious emotional problems who are not eligible for Medi-Cal
- Pregnant and parenting adolescents and their children

Mr. Mitchum reviewed ten Project ERIN applications noting that:

- Project ERIN sessions ranged from one hour to four hours in length; and
- Treatment terminated on six applications after Project ERIN expenses were paid.

Data Analyzed

Applications Reviewed - For this current report, 40 applications from CII were selected for review based on a list of unresolved bills sent to the VCP. Of these 40 applications, 38 included Project ERIN expenses submitted for payment.

Listed below is an analysis of the data for these 38 applications with a paraphrased response in italics from ***REDACTED***, CII's Program Director for the Project ERIN and L.A. Bridges Programs.

- 35 sessions are two hours duration, one was three hours duration and two were four hours duration.

If the client has to be taken to a shelter it may take more than two hours to identify a shelter and this is time the interventionists are spending with the client or it may take more than two hours to transport the client to a new shelter.

- 31 applications have no other mental health expenses submitted from CII. All of the seven that have follow-up mental health treatment from CII had only two additional hours.

Because of the safety concerns associated with DV incidents, most of their clients relocate out of the area that CII services.

- Seven of the Project ERIN Intake Data Tracking Sheets have an initial contact date that differs from the service date displayed on the bill.

Sometimes they receive a DV report from Law Enforcement, and then contact the claimant to schedule an appointment. The Project ERIN Intake Data Tracking Sheets may be completed over the phone with the actual session scheduled for a later date.

- 23 Project ERIN Intake Data Tracking Sheets are either missing signatures or the signatures are not legible (nine are not signed by either the therapist or supervising therapist and fourteen do not have legible supervisor signatures).

It appears there has been some staff turnover at CII since the June 19, 2001 letter from the VCP that outlined the requirements for Project ERIN reimbursement. ***REDACTED*** took over direction of Project ERIN in December 2007 and did not seem aware of that letter. An electronic copy was emailed to her on June 16, 2008.

On November 8, 2006 CII notified MHS staff that they were modifying the Project ERIN Intake Data Tracking Sheet and sent a copy for MHS review. This revised version did not include a signature line. As with CII, there had been staff turnover in MHS as well, with the MHS managers and analysts familiar with Project ERIN and CII leaving the VCP or assigned to other sections. The MHS staff reviewing the document was not aware of the VCP payment conditions for Project ERIN so the missing signature line was not caught. Since CII was not notified this may account, in part, for

the missing signatures. Upon reviewing the most current Project ERIN Intake Data Tracking Sheets it appears the signature line has been added.

- 24 of the therapist signatures on the Project ERIN Intake Data Tracking Sheets match the therapist signatures on the bills; six do not match and eight have no therapist signature. (Of the six not matching, four of the persons signing could not be located on the California Board of Behavioral Science Examiners or Board of Psychology websites.) Also, 29 of the supervising therapist signatures on the Project ERIN Intake Data Tracking Sheets do not match the supervising therapist signature on the bill and nine have no supervising therapist signature.

The Project ERIN Intake Data Tracking Sheet may be completed by a CII caseworker and the VCP is not billed for its completion. The expense billed is the actual therapy session with a licensed clinician which may take place concurrently with the Project ERIN Intake Data Tracking Sheet if it's completed by the licensed clinician or afterward if it's completed by a CII caseworker (i.e. non-therapist).

- Nine bills show a CPT code other than 90899 (four show 90808-individual session and five show 90889-report preparation).

CII was misinformed by VCP staff to not use 90899, but to use 90808 instead. (The VCP staff person apparently was not aware of the June 19, 2001 VCP agreement with CII for Project ERIN billing.) The 90889 code is a typo by CII billing personnel. The correct code for this billing is 90899.

- None of the applications show that companion claims were filed. This is peculiar given these are DV incidents.

*Again, this may be due to the claimant's relocation out of CII's service area. Ms. ***REDACTED***also stated that her staff may be unaware that a separate application needed to be filed for each family member in the household.*

- Five of the applications were denied and not appealed. The claimant's liability for the expense is questionable.

*Ms. ***REDACTED***stated they do not hold the client liable for the Project ERIN expense.*

Other Reimbursement Sources

Welfare and Institution Code, Section 18960 encourages the funding of agencies addressing the needs of children at high risk of abuse or neglect and their

families. In 1992-93 AB 1733/AB 2994 went into effect and remains so to date. The California Department of Social Services, Office of Child Abuse Prevention oversees the use of AB 1733/AB 2994 by county programs. For Los Angeles County, this funding was set at \$3,111,602 for fiscal year 2004-2005. Data could not be located for fiscal years 2005-2006 and 2006-2007.

LADCFS Sr. Deputy Director Susan Kerr provided information that AB 1733/AB 2994 AB is administered by the Los Angeles County Interagency Child Abuse Network (ICAN) and the use of funds is determined by its Board.

REDACTED from ICAN informed staff that AB 1733/AB 2994 funding is specifically based on a needs assessment for child abuse prevention and is not an available resource for DV cases. Ms. ***REDACTED*** stated that there is funding specific to DV cases through the Los Angeles County Domestic Abuse Response Team (DART). However, this is also preventative funding. Based on this information, AB 1733/AB 2994 does not currently appear to be a reimbursement source for Project ERIN.

Fiscal Impact

The VCP was billed a total of \$7,910.00 for Project ERIN expenses on the eligible applications reviewed. To date the VCP has paid \$1,940.00. A major factor in the disparity between the two amounts is that the VCP's expedited payment process did not address the bills due to errors by the Bill Review Service (BRS) in not recognizing the 90899 procedure code as a mental health bill. BRS assigned service code no. 1 (medical expenses) instead of service code no.16 (mental health) to the bills. Also, 19 of the 24 pending bills have not been assigned.

In Fiscal Year 2006 – 2007, VCP payment to CII amounted to \$ 23,261.00. Given the observations of the current analysis it is safe to say that a majority of this reimbursement was for Project ERIN expenses.

NPA Clinical Review – As an NPA provider, CII has signed an agreement acknowledging that the VCP may conduct clinical reviews and fiscal audits. A criterion for selecting an application for a clinical review by MHS is that the claimant must have received at least ten therapy sessions. A review of applications where CII provided treatment did not amount to enough claimants who met this criterion to warrant a review in 2007. The most recent clinical review of CII was in 2006. Of the 64 applications from CII determined to be under the NPA agreement at that time, eight (12% of the total) were selected for review. The result of the clinical review found that CII was 100% in compliance with the NPA agreement.

Conclusions

It cannot be disputed that Project ERIN is a good program that provides a much needed public service to DV victims in Los Angeles County and helps to prevent repeat victims. A reduction in funding resources would seriously impact CII's ability to provide this service. However, the data compiled from the applications reviewed also reveal the many problems facing the effort to verify that VCP reimbursement is appropriate and in compliance with statute. Typically when someone is approved for VCP benefits they either seek out a mental health therapist or their local victim assistance center gives them a list of providers to choose from. Because the Project ERIN expense is not solicited, CII does not hold the claimant liable. If there is no liability, there is no economic loss.

Government Code Section 13950(a) states "the Legislature finds and declares that it is in the public interest to assist residents of the State of California in obtaining compensation for the pecuniary losses they suffer as a direct result of criminal acts."

Government Code Section 13951(e) states " 'Pecuniary loss' means an economic loss or expense resulting from an injury or death to a victim of crime that has not been and will not be reimbursed from any other source."

Additionally, CII is somewhat compliant with the conditions for payment established by the June 19, 2001 letter. The Project ERIN Intake Data Tracking Sheet was submitted on all 38 of the Project ERIN applications reviewed and most of the sessions (92%) are within the 2 hour duration limit. However, 9 sessions (23%) are billed with a CPT code other than 90899 and there are signature issues on 29 (76%) of the 38 applications reviewed.

Recommendation

Based on the findings of this report, the following is recommended:

- Reimbursement for Project ERIN expenses, as currently billed, should be discontinued as there does not appear to be an economic loss to the claimant that statute requires for VCP payment. However, if CII's billing practice changes where the claimant becomes liable for the expense, this would constitute an economic loss that may be reimbursable.
- Should the VCP continue reimbursement, MHS should conduct annual reviews focusing specifically on Project ERIN. Such a review differs from a typical clinical review as it does not require continuing treatment or a review of the Treatment Plans. The review would concentrate on the submission of the Project ERIN Intake Data Tracking Sheet, matching the signatures on it to the bill, the use of CPT code 90899, and the session duration.